

Coordinated Intake for Illinois Home Visiting Programs

What is Coordinated Intake?

- Coordinated Intake is a collaborative process that provides families with a single point of entry for home visiting programs within a neighborhood, community, city, town, suburb, or county.
- Trained Coordinated Intake workers serve as a hub for home visiting, assessing families' needs, referring them to an appropriate home visiting program, and tracking what happens to the referrals.

What are some benefits of Coordinated Intake?

- Families have a single point of entry for a variety of local home visiting services.
- Home visiting programs will be able to collectively track what happens to each family and can minimize duplication of services.
- Some or all of the recruitment and intake functions can be transferred from home visiting programs to Coordinated Intake Workers.

Who are the key partners that are involved in Coordinated Intake?

- Local home visiting programs.
- A designated Coordinated Intake agency (this can be an agency with home visiting programs or without home visiting programs).
- Other early childhood and social service programs that can refer families to home visiting.

Why is Illinois promoting Coordinated Intake?

- Indications are that Coordinated Intake will be part of future federal home visiting funding streams.
- The state's long-term vision is for Coordinated Intake to act as the single point of entry for all home visiting programs statewide.
- The state has piloted Coordinated Intake in six communities funded by MIECHV (Maternal, Infant, and Early Childhood Home Visiting), and is seeking to expand Coordinated Intake into other communities who are willing to participate on a voluntary (unpaid) basis.

What resources will the State provide?

- Free tools for Coordinated Intake – including the Coordinated Intake Assessment Tool (CIAT), sample Coordinated Intake procedures, and a care coordination protocol and forms for connecting families to Medical Homes.
- Free training for staff – home visitors and their supervisors and Coordinated Intake workers and their supervisors.
- Assistance in connecting to local early childhood coalitions and networks.
- Inclusion in statewide meetings and trainings.
- Unfortunately, due to budget constraints, the state can only provide limited funds to support Coordinated Intake outside of the six MIECHV communities.

For more information, please contact the Governor's Office of Early Childhood Development:

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Coordinated Intake and the Home Visiting Referral Process

- Coordinated Intake workers should serve as the repository for all home visiting intakes, and should track what happens to each referral.
- Referrals to home visiting can be generated from Coordinated Intake workers, from home visiting providers, or from other service providers and programs.
- To determine a family's eligibility for home visiting programs, we worked with the University of Illinois' Center for Prevention Research and Development to create the Coordinated Intake Assessment Tool (CIAT), which includes screening for a variety of risk factors. (The CIAT can be modified to include additional information as needed.)
- Agency self-referrals are allowed: a home visiting program may generate a referral to its own program, as long as it completes the CIAT and sends the CIAT to the Coordinated Intake worker for processing.
- Referrals can be generated solely through CI workers, through each home visiting agency (including internal or self-referrals), or through a combination of the two (see "Coordinated Intake Flow Chart").
- Regardless of the originating source, all referrals must be processed by Coordinated Intake.
- All referrals received by Coordinated Intake workers should be sent to the appropriate home visiting program within 48 business hours.

Role of Coordinated Intake Workers

- The role of Coordinated Intake workers is to assist families by determining the services and supports that are best suited for the family's particular needs, based on self referrals and referrals from other sources such as primary care providers, hospitals, child care providers, and other service providers.
- The Coordinated Intake agency should convene or participate in regular meetings of a community collaborative to discuss challenges, barriers, and successes of Coordinated Intake. The community collaborative can be a pre-existing coalition or network, and should include home visiting agencies and other stakeholders who refer families to home visiting, such as early childhood programs, health care providers, and social service agencies.
- A level of trust is inherent for the Coordinated Intake Worker to develop and promote their role within the community and home visiting system. While input into this role should be discussed by the collaborative, day-to-day functions of both positions are overseen by their agency's chain of command, not by the collaborative.

Coordinated Outreach Materials

- We recommend that any document advertising home visiting with a Coordinated Intake function should list all of the participating home visiting programs/ agencies.
- These publications should direct families and referral sources to contact Coordinated Intake to serve as a single point of entry for family support services in the community.

Expectations

- The Coordinated Intake process should have full buy-in and support from all levels of management.
- Agencies are expected to support families that are already enrolled in another home visiting program by not making attempts to enroll them in their own home visiting programs.
- We expect that all participating agencies and programs will act in the spirit of full and transparent collaboration, with no holding back of referrals or unfairly distributing cases across agencies.